



CITY OF SEDONA

Temporary Sound Control Exemption Permit

Permit #: _____

Date: _____

Inspection Fee \$ _____

Valid from: (date & time) _____ to (date & time) _____

Assessor's Parcel #:	Applicant Name:		
Business Name:		Telephone #:	
Business Address:			Suite #:
Nature and Location of Noise Source, <i>i.e. maximum dba level</i> :			
Reason for Permit and Hardship, if any, if Permit Not Granted:			
Nature and Intensity of Requested Noise:			
Noise Control Measures:			

Please check one of the following options:

- ☐ **Private or Public Celebration**
- ☐ **Nighttime Construction Project**
- ☐ **Homeowner Construction Projects**
- ☐ **Any other activity as determined by the Sound Control Administrator**

please explain _____

In making the determination on granting a permit and in the sole discretion of the Sound Control Administrator, the administrator may consider the following:

- the character and degree of injury to, or interference with, the health and welfare of the reasonable use of property that is caused or threatened to be caused by the sound, to result from the temporary sound permit,
- the social and economic value of the activity for which the permit is sought, and
- the ability of the applicant to apply best practical noise control measures.

Remarks (*administrator use only*): _____

IMPORTANT - *Please read the following:*

The temporary sound permit shall enumerate the conditions of the permit including specific dates, times, duration, and distances for which the permit is valid, sound level limits which may not be exceeded at the nearest affected residential property, or any other such conditions that may mitigate any adverse impact upon the parties, as determined by the Sound Control Administrator.

A permit may be revoked by the Sound Control Administrator and the issuance of future permits withheld if terms of this permit are violated.

Applicant Signature

Date

City Approval

Date